

LOG0000017545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

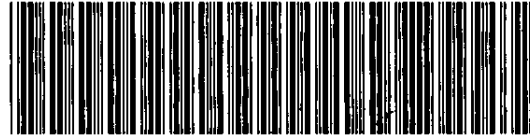
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000285288260

05/03/16--01037--006 \*\*25.00

FILED

2016 MAY -3 A 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 04 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **PREMIER ASSET HOLDINGS, LLC**  
*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Aurimas Jonuskis**

*Name of Manager*

**Premier Asset Holdings, LLC**

*Name of Company*

**1618 Camerbur Dr.**

*Address of Company*

**Orlando, FL 32805**

*City/State and Zip Code*

**otis78@gmail.com**

*E-Mail Address of Manager*

For further information concerning this matter, please call:

Jessica Dull at (941) 627-1000

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2016 MAY - 3 A 10: 53  
SECRETARY OF  
TALLAHASSEE, FLORIDA

**FILED**

This Instrument Prepared by & Return to:  
John L. Wideikis  
Berntsson, Ittersagen, Gunderson & Wideikis, LLP  
THE BIG W LAW FIRM  
18401 Murdock Circle, Suite C  
Port Charlotte, FL 33948

## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 6th day of April, 2016, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

**FIRST:** The name of the limited liability company is: **PREMIER ASSET HOLDINGS, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L09000017545**

**THIRD:** The street address of the limited liability company's principal office is: **1618 Camerbur Drive, Orlando, FL 32805**

The mailing address of the limited liability company's principal office is: **1618 Camerbur Drive, Orlando, FL 32805**

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: AURIMAS JONUSKIS, as Manager  
b. No authority granted to:

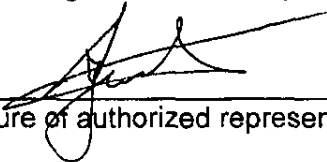
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of

FILED  
2016 MAY - 8 A 10:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company

- a. Granted to: AURIMAS JONUSKIS, as Managers.  
b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein

  
\_\_\_\_\_  
Signature of authorized representative

AURIMAS JONUSKIS, Member & Manager  
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 6<sup>th</sup>  
day of APRIL, 2016, by AURIMAS JONUSKIS, who is personally known to  
me, or who has provided \_\_\_\_\_, to establish his or her identity to me

RITA M. MIGLIORESE  
Print Name Rita M. Migliorese  
Notary Public  
My commission expires: 5-5-17

[SEAL]



2016 MAY -3 A 10:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED